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## **CDC Program and Training Branch (PTB) Thursday Report**

Monthly Highlights from the STD Programs  
July 2008

### **CALIFORNIA**

The California STD Control Branch has a free site offering downloadable promotional and educational materials. This is available at [www.stdhivtraining.org/swap](http://www.stdhivtraining.org/swap). It includes a number of materials particularly appropriate for school educators, including:

- Making the Connection Between HIV and STDs, an 8-lesson plan STD resource guide.
- STD 101 Power Point: Sexually Transmitted Diseases (STDs), What You Need to Know to Stay Healthy," a 50-minute interactive power point.

Contact: Tracey Hardy, [TJH0@cdc.gov](mailto:TJH0@cdc.gov)

### **FLORIDA**

Ms. Susan O'Bryan, M.L.S., Systems Project Analyst, Bureau of STD Prevention and Control, has developed a comprehensive Interstate Communication Control Record (ICCR) profile (attachment #1) for all STD Project Areas. Each of the STD Project profiles includes:

> Project Area Name

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- > Contact person(s)
- > Mailing Address
- > Phone and FAX numbers
- > STD/HIV reports accepted
- > Preferred method to receive STD reports
- > Return disposition policy on positive STD/HIV labs, partners and clusters

As point of contact(s), phone numbers, address, etc., change, the Bureau requests each Project Area to provide an update and submit changes to Ms. O'Bryan at [Susan\\_OBryan@doh.state.fl.us](mailto:Susan_OBryan@doh.state.fl.us)

NOTE: Maintenance of this document will be transferred to the Program and Training Branch once an individual is identified.

From the Florida Bureau of STD Prevention and Control, many thanks to the nation's STD Project Area partners who contributed to this document.

Contact: Thomas Cylar, [TIC3@cdc.gov](mailto:TIC3@cdc.gov)

## **MASSACHUSETTS**

Can a guy prevent getting a sexually-transmitted disease (STD) by peeing after sex? How do I talk to my boyfriend about using a condom? Where can I get tested for STDs and HIV in Massachusetts and what can I expect when I get there? These and many other questions are answered on a new website, [www.STD411.org](http://www.STD411.org), which was launched in July 2008. With the goal of reaching sexually-active people in their twenties, the website is designed to be user-friendly and easy to navigate while providing practical information to help people make healthy decisions to prevent STDs.

In 2007, Massachusetts residents aged 20-24 had the highest incidence of gonorrhea (178 per 100,000) and chlamydia (1,310 per 100,000) among all age groups. The distribution of gonorrhea and chlamydia is widespread throughout Massachusetts, with a concentration in urban areas. STDs disproportionately impact communities of color living in metropolitan areas of Boston, Springfield, Worcester, Lowell, Lawrence, Fall River, Brockton, and New Bedford.

Through a partnership between Massachusetts Department of Public Health and the AIDS Action Committee, the website is designed to be responsive to the recommendations made by young adults at focus groups conducted in Boston and Worcester. Common themes that emerged from the focus groups included the use of a diversity of people pictured on the site, a variety of emotions of the people in the photos, statistics that indicate how probable it is to get an STD, and where to get screenings – including an STD clinic finder map. By surveying medical providers at STD clinics, “The Top 10 STD Questions” for men and women are posted on the site.

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Plans are underway to extensively market the [www.STD411.org](http://www.STD411.org) in the summer and fall 2008 through transit advertising, The Phoenix, The Metro, and on popular websites for young adults.

Contact: Dayne Collins, [ZVL1@cdc.gov](mailto:ZVL1@cdc.gov)

#### **MICHIGAN**

The Michigan Department of Community Health, STD Program has received \$750,000 in supplemental State funding to fight chlamydia (CT) and gonorrhea (GC).

Michigan's STD Program staff members have spent the last year preparing cost analysis, testimony and briefs in an effort to raise awareness and support for additional State funding to fight CT and GC. Last week the hard work paid off. The Program was awarded \$750,000 annually for four years to implement the State's Gonorrhea and Chlamydia Reduction Plan. This is the program's first significant increase since 1993.

Resources will be used to increase targeted screening, particularly in adolescent venues, identify non-traditional screening sites, improve partner referral and management, and engage the private sector to increase screening. Specific initiatives include working with public and private partners to broadly implement such innovations as the use of electronic media for partner notification, field delivered therapy, and express screening visits. Approximately 1/3 of the resources will be distributed via a competitive funding process to increase screening to disproportionately impacted populations who are not currently being screened. A portion of the resources will also be used to build capacity at the State level to identify and disseminate best practices to Michigan's front line providers.

In 2007, 54,733 cases of CT and GC were diagnosed in Michigan. Calculating only cost savings due to avoided pelvic inflammatory disease (PID) as a result of early diagnosis and treatment of chlamydia and gonorrhea, and projecting at the conservative level of a 10% reduction, in 2012 the program will save over \$7 million in public and private sector resources.

For more information about the Plan, contact Amy Peterson, IPP Coordinator, at 313-456-4425 or [petersonam@michigan.gov](mailto:petersonam@michigan.gov).

Contact: Sheldon Black, [SXB5@cdc.gov](mailto:SXB5@cdc.gov)

#### **SAN FRANCISCO**

1. Rates of early syphilis are continuing to increase. As of the end of June 2008, 218 early syphilis cases of syphilis were reported compared to 185 for the same period last year, an increase of 18%. Additionally, a total of 131 cases of P&S syphilis were reported compared to 106 for the same period last year, an increase of 24%. This is very unfortunate since CDC recently notified us that the syphilis elimination (SE) funds

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in 2009 are being reduced by \$50,000. In addition to the \$450,000 cut the STD Program received in January 2008, SE funding will have been reduced by nearly 50% in the past two years.

2. The STD Section included an Editorial Note in the latest Monthly STD Report about poppers. Research studies consistently find that popper use is linked with new STDs and HIV. Often, they are used along with other drugs, such as cocaine or methamphetamine during sex. The STD Program recommends that providers educate their patients about poppers – how to use them safely and the risks of popper use. Since many patients don't consider poppers to be a drug, sexual, health and substance use assessments should include direct questions about popper use.

3. In collaboration with CDC, Denver and Long Beach, the San Francisco STD Prevention and Control Section conducted a Research Project that developed Safe in the City, an STD prevention video for use in STD Clinic waiting rooms. The findings of the Safe in the City waiting room video intervention trial showed an almost 10% reduction in new STDs among STD clinic patients who were exposed to the video. An article reporting on the findings was published in the 6/23/08 edition of PLoS Medicine and can be directly downloaded from [www.stdpreventiononline.org](http://www.stdpreventiononline.org). Two podcast interviews, one with Dr. Lee Warner, the lead author of the PLoS paper and one with Dr. John Douglas, the Director of the Division of STD prevention are also on STDPreventionOnline. Free videos and technical assistance can be obtained by visiting the Safe in the City web site, [www.safeinthecity.org](http://www.safeinthecity.org).

Contact: Dayne Collins, [ZVL1@cdc.gov](mailto:ZVL1@cdc.gov)

## **INFERTILITY PREVENTION PROJECT (IPP)**

### **REGION I**

The Region I (New England) IPP Infrastructure grantee, JSI Research and Training Institute, Inc., created a Spanish language version of "Listen Up!", <http://famplan.org/docs/listenupenglish5.12.06.pdf>, a Chlamydia prevention and education brochure targeting adolescents initially produced in 2004. The new brochure, "Escuchen!" <http://famplan.org/docs/escucha.pdf>, was developed through focus group and key informant interviews in order to evaluate the cultural and linguistic appropriateness of the translated text, format, and images. Thirty thousand copies were printed for distribution in the six New England states. Focus group evaluation was conducted with male and female Spanish-speaking Latino youth between the ages of 16-20. The overall impression of the brochure among the adolescents was positive. Participants felt the look was attractive and "interesting," it "got their attention," and they liked that you could not tell immediately what it was about – so they felt they could read it with some degree of confidentiality. One participant stated "Comparing with the other ones you see in the clinics. The others in the clinics say a lot of words and look boring. This one looks more attractive. It could be about something else." Participant

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recommendations included changing the character names, increasing emphasis on the "silent" nature of the disease and lack of symptoms, describing in detail specific recommendations for protection and presenting the relative risk of oral, vaginal, anal sex. Key informants were helpful in final selection of character names and additional resource listings for the back cover. The brochure will be distributed free of charge at Region I Title X Family Planning and other IPP sites. Links to site where listed:

<http://famplan.org/pubs.htm> (<http://www.famplan.org/pubs.htm>);

<http://famplan.org/splang.htm> (<http://www.famplan.org/splang.htm>);

<http://famplan.org/adoles.htm> (<http://www.famplan.org/adoles.htm>)

A few hard copies are available. Please contact Jennifer Kawatu, JSI Providence at [jkawatu@jsi.com](mailto:jkawatu@jsi.com).

## REGION II

1. In preparation for the new CSPA cooperative agreement announcement as well as the ongoing revision of project priorities for 2009-2011, the Region II IPP advisory committee recently spent significant time detailing project activities, strategies, short-term objectives, and long-term outcomes for the regional project. Priorities identified included using morbidity to target screening, improve opportunities for screening males, describing pregnancy-test only and emergency contraception family planning client populations and developing screening protocols, exploring lab capacity to process non-genital specimens, as well as using data for program planning and addressing health disparities.

Outcomes were linked to strategies and a draft regional logic model was developed (attachment #2). Each of the Region II project areas agreed to address at least one of the priorities in their 2009 CSPA-IPP application. The region will continue to refine strategies and outcomes and to develop a corresponding evaluation plan for the model during this next fiscal year. Please contact Dawn Middleton, Cicatelli Associates, [DMiddleton@cicatelli.org](mailto:DMiddleton@cicatelli.org), for additional information.

2. The IPP partners with the Office of Population Affairs (OPA) and their Title X Family Planning grantees to support regional infrastructure activities to promote the screening for and treatment of Chlamydia and gonorrhea among at-risk, sexually active women and their sex partners. OPA recently competed funds for a national Family Planning Training Center and Cicatelli Associates of New York City, IPP's Region II infrastructure partner, was awarded this new grant.

The National Training Center for Family Planning (NTC) has recently launched their website <http://www.fpntc.org>. The website has a host of features Title X Training Centers and Title X Programs can access, but likely to be of particular interest to many

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is the Tools and Resources section, which contains links and downloads for a variety of training resources. STD prevention programs may find useful information as well.

Besides listing the tools and resources available, this section provides brief descriptions, any related costs, and available contact information associated with accessing the items. The website also features a submissions page where people can submit training resources that they have found to be particularly useful. For more information, please email [NTC@ciatelli.org](mailto:NTC@ciatelli.org) or call 212-594-7741.

Contact: Steven Shapiro, [SJS4@cdc.gov](mailto:SJS4@cdc.gov)

## HUMAN PAPILLOMAVIRUS (HPV)

Dear Colleagues,

The Centers for Disease Control and Prevention (CDC) would like to alert you to several new and updated HPV materials from CDC that are now available online. Please share this information widely with others in the field.

### NEW PATIENT MATERIALS

- Making Sense of your HPV and Pap Test Results: Plain language Patient brochure, available in English & Spanish (July 2008)

This 17 page brochure explains the meaning of Pap and HPV test results and answers common patient questions about HPV, such as how to talk to your partner about HPV. It includes "questions to ask your doctor" to help prepare women for next steps, and a glossary of terms. It has been tested with 30-65 year-old African-American, Hispanic, and Caucasian women, and will be available in print August 2008.

1. English Brochure (PDF)

[www.cdc.gov/std/Hpv/pap/HPV\\_Patient\\_English%20singles.pdf](http://www.cdc.gov/std/Hpv/pap/HPV_Patient_English%20singles.pdf)

2. Spanish brochure (PDF)

[www.cdc.gov/std/Hpv/pap/HPV\\_Patient\\_Spanish%20singles.pdf](http://www.cdc.gov/std/Hpv/pap/HPV_Patient_Spanish%20singles.pdf)

3. Html version [www.cdc.gov/std/Hpv/pap/](http://www.cdc.gov/std/Hpv/pap/) -- from this page, you can also access an easy format for commercial printing

### OTHER PATIENT MATERIALS

- Common questions about HPV & cervical cancer (August 2007)

[www.cdc.gov/std/Hpv/common-questions.htm](http://www.cdc.gov/std/Hpv/common-questions.htm)

- Counseling messages for patients receiving a Pap & HPV test; for patients receiving abnormal Pap/HPV test results; for patients receiving a genital warts diagnosis; and for parents of preteens re. HPV vaccine (August 2007): see

[www.cdc.gov/std/Hpv/hpv-clinicians-brochure.htm](http://www.cdc.gov/std/Hpv/hpv-clinicians-brochure.htm)

### NEW/UPDATED MATERIALS FOR THE PUBLIC

- HPV fact sheet (updated April 2008) [www.cdc.gov/std/HPV/STDFact-HPV.htm](http://www.cdc.gov/std/HPV/STDFact-HPV.htm)

- HPV Vaccine Information for Young Women (updated June 2008)

[www.cdc.gov/std/Hpv/STDFact-HPV-vaccine.htm](http://www.cdc.gov/std/Hpv/STDFact-HPV-vaccine.htm)

- Plain language HPV brochure (Feb 2008) [www.cdc.gov/std/Hpv/the-facts](http://www.cdc.gov/std/Hpv/the-facts)

### UPDATED PROVIDER MATERIALS



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- HPV Vaccine Information for Clinicians (updated June 2008)

[www.cdc.gov/std/Hpv/STDFact-HPV-vaccine-hcp.htm](http://www.cdc.gov/std/Hpv/STDFact-HPV-vaccine-hcp.htm)

As always, other HPV materials for men, women, providers, etc., are available on the HPV website at [www.cdc.gov/std/hpv](http://www.cdc.gov/std/hpv). Your feedback on these materials and whether or how they've been useful for your organization and constituents would be very much appreciated. If these products are not meeting your needs, your thoughts on how to improve upon them would also be most helpful.

Contact: Allison Friedman, [alf8@cdc.gov](mailto:alf8@cdc.gov)

Training Highlights

September-November 2008

The "Training Highlights" section provides information on upcoming STD training activities of the National Network of STD/HIV PTCs (NNPTC) and the Health Professional Training and Education Unit in the DSTDP. For complete descriptions of classes and self-study educational resources, please visit the NNPTC website [www.stdhivpreventiontraining.org](http://www.stdhivpreventiontraining.org), and the CDC STD training website <http://www.cdc.gov/std/training/>

#### Partner Services and Program Support Training

##### Other Partner Services Courses

##### Advanced STD Intervention (ASTDI)

City TBD, FL (Oct 21-24, 2008)

Columbus, GA (Nov 4-7, 2008)

Las Vegas, NV (Nov 4-7, 2008)

##### STD Intervention for Supervisors (STDIS)

Baltimore, MD (Sep 9-12, 2008)

Phoenix, AZ (Sep 23-26, 2008)

##### Principles of STD Supervision (Principles)

Phoenix, AZ (Nov 4-7, 2008)

Specific information on the above courses can be found on the DSTDP Training Webpage <http://www.cdc.gov/std/training/courses.htm>

#### Clinical and Laboratory Training

##### STD Intensive Clinical Courses

##### STD Intensive

September 15-19, 2008, Cincinnati, OH

Sponsor: Cincinnati PTC, [www.stdptc.uc.edu](http://www.stdptc.uc.edu), and the Cincinnati Health Department

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Contact: Barbara Forney, [forneyba@ucmail.uc.edu](mailto:forneyba@ucmail.uc.edu) or 513-558-3197

**Three day STD Clinical Intensive Flex course**

October 21, 2008, Boston, MA

Sponsor: Sylvie Ratelle STD/HIV Prevention Training Center of New England,

<http://www.state.ma.us/dph/cdc/stdtcmai/stdtcmai.htm>

Contact: Janine Dyer, [Janine.Dyer@state.ma.us](mailto:Janine.Dyer@state.ma.us) , or 617-983-6964

**STD Intensive Course**

October 27-30, 2008, Richmond, VA

Class is limited to 10 participants

Sponsors: Region III STD/HIV PTC and Virginia Department of Health

Contact: Caroline Campbell, [Caroline.Campbell@vdh.virginia.gov](mailto:Caroline.Campbell@vdh.virginia.gov), or 804-864-7978

**Three day STD Clinical Intensive Flex course**

October 29, 2008, Hartford, CT

Sponsor: Sylvie Ratelle STD/HIV Prevention Training Center of New England,

<http://www.state.ma.us/dph/cdc/stdtcmai/stdtcmai.htm>

Contact: Janine Dyer, [Janine.Dyer@state.ma.us](mailto:Janine.Dyer@state.ma.us), or 617-983-6964

**Three Day STD Clinical Intensive course**

November 3-5, 2008, Boston, MA

Sponsor: Sylvie Ratelle STD/HIV Prevention Training Center of New England,

<http://www.state.ma.us/dph/cdc/stdtcmai/stdtcmai.htm>

Contact: Janine Dyer, [Janine.Dyer@state.ma.us](mailto:Janine.Dyer@state.ma.us), or 617-983-6964

**STD/HIV Clinical Update Courses**

**STD Part-Time Intensive**

October 14-16, 2008, Cincinnati, OH

Sponsor: Cincinnati PTC, [www.stdptc.uc.edu](http://www.stdptc.uc.edu), and the Cincinnati Health Department

Contact: Barbara Forney, [forneyba@ucmail.uc.edu](mailto:forneyba@ucmail.uc.edu) or 513-558-3197

**STD Update with Optional Clinical Practicum**

October 22-24, 2008, Eugene, OR

Sponsor: Seattle STD/HIV Prevention Training Center, [www.SeattleSTDHIVPTC.org](http://www.SeattleSTDHIVPTC.org),

Oregon Health Division, Multnomah County Health Department

Contact: Ronnie Staats 206-685-9848, [rstaats@u.washington.edu](mailto:rstaats@u.washington.edu)

**Clinical Exam Skills and Laboratory Skills Courses**

**Essential STD Exams Skills**

September 22-23, 2008, Hillsboro, OR

Sponsor: Seattle STD/HIV Prevention Training Center, [www.SeattleSTDHIVPTC.org](http://www.SeattleSTDHIVPTC.org),



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Oregon Health Division, Washington County Health Department  
Contact: Ronnie Staats 206-685-9848, [rstaats@u.washington.edu](mailto:rstaats@u.washington.edu)

Essential STD Exams Skills  
November 3-4, 2008, Seattle WA  
Sponsor: Seattle STD/HIV Prevention Training Center, [www.SeattleSTDHIVPTC.org](http://www.SeattleSTDHIVPTC.org),  
Public Health – Seattle & King County Health Department  
Contact: Ronnie Staats 206-685-9848, [rstaats@u.washington.edu](mailto:rstaats@u.washington.edu)

Essentials of Examination Skills  
November 5-6, 2008, Cincinnati, OH  
Sponsor: Cincinnati PTC, [www.stdptc.uc.edu](http://www.stdptc.uc.edu), and the Cincinnati Health Department  
Contact: Barbara Forney, [forneyba@ucmail.uc.edu](mailto:forneyba@ucmail.uc.edu) or 513-558-3197

#### Other Clinical Courses

HIV Level 1 Course  
October 1-3, 2008, Baltimore, MD  
Sponsors: Maryland State AIDS Administration, PA AIDS ETC –University of Maryland  
LPS and Region III STD/HIV PTC  
Contact: Jeanne Hoover, [Jeanne.hoover@baltimorecity.gov](mailto:Jeanne.hoover@baltimorecity.gov) or 410-545-1547

Self-Study Clinical Continuing Education Offerings (free CE credit available)

Web Based STD Update with FREE CME (1 hour, category 1, CME)  
Available at <http://www.cecentral.com/STDupdate>

STD Clinical Intensive Continuing Education Module  
This offering features clinical illustrations and video segments on topics such as  
syphilis, gonorrhea, viral hepatitis, syndromic approach to STDs, and more.  
Available at <http://www.bu.edu/cme/std/>

Chlamydia Case-Based Training  
This course provides screening, diagnosis, and treatment information for chlamydial  
infections in women in case-based, interactive format.  
Available at [http://www.stdhivtraining.net/educ/training\\_module/index.html](http://www.stdhivtraining.net/educ/training_module/index.html)

NNPTC STD Case Series  
This web-based case series is designed for practicing clinicians who diagnose, treat  
and manage patients with, or at risk for, STDs. The series includes case presentations  
of common STD-related syndromes with a guided, interactive process to evaluate each  
case, arrive at a diagnosis and provide recommended treatment.  
Available at <http://www.stdhivtraining.net/nnptc/start.cfm>

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#### CDC Self-Study STD Modules for Clinicians

This site offers seven web-based educational modules, each based on a specific STD topic. Each module is considered to be an individual course. The target audience is clinicians in primary care settings who desire a basic introduction to STD diagnosis and management.

Available at <http://www2a.cdc.gov/stdtraining/self-study/default.asp>

#### Other Clinical Resources

##### Web-based STD/HIV Update

CE Central <http://www.cecentral.com/STDupdate>

Sponsor: AL/NC STD/HIV PTC [www.stdptc.org](http://www.stdptc.org)

Contact: Patricia Jennings, [pjennings@uab.edu](mailto:pjennings@uab.edu), 205-934-4432

10 hours of STD/HIV lectures are available online with free CME provided after successful completion of the post-test following each topic. Topics include Chlamydia, Genital Dermatology, HSV, HIV 101, Male/Female STD Examination, Syphilis, ABCs of Viral Hepatitis, HPV Vaccination Prevention and Vaginitis. Lecture series is intended for healthcare professionals who diagnose and treat sexually transmitted diseases. 10 AMA PRA Category 1 Credit(s) TM

##### Darkfield on Demand

When you are ready, we are ready! Schedule a date for your convenience to receive hands-on training in Darkfield Microscopy for Syphilis.

Limited to 2 participants per date

Length: 1 day

7 category 1 CME available, Cincinnati, OH, Scholarships available

Contact: Janice Davis, [janice.davis2@cincinnati-oh.gov](mailto:janice.davis2@cincinnati-oh.gov) or 513-357-7325

##### Elluminate Live! Free Monthly Webinar Sessions!

Join us for online distant learning trainings. Sit at your desk and participate in lectures and discussions on all the hottest STD topics. All eLearning seminars are 12:30 – 2:00 PM Eastern Time. To learn more about eLearning Seminars contact Barbara Forney at [forneyba@ucmail.uc.edu](mailto:forneyba@ucmail.uc.edu) or 513-558-3197.

## Bill to 'Revolutionize' HIV Testing Passes California Legislature Unanimously

AB 2899 (Portantino, D--Pasadena), Sponsored by AIDS Healthcare Foundation (AHF), Overhauls Counseling Model for HIV Testing Programs; Bill Eliminates Outdated 'One Size Fits All' Approach for More Prudent Public Health Approach

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Last update: 10:30 p.m. EDT Aug. 12, 2008

SACRAMENTO, Calif., Aug 12, 2008 (BUSINESS WIRE) -- AIDS Healthcare Foundation (AHF), the operator of the largest non-government HIV testing program in California, today praised the California Legislature for its passage this week of Assembly Bill 2899 (Portantino, D--Pasadena).

"AB 2899 will revolutionize the way we do HIV testing in California, and we strongly urge the Governor to sign this bill," said Michael Weinstein, President of AIDS Healthcare Foundation. "Today, in government-funded programs, extensive education and counseling is required for every person regardless of how many times they might have been tested. Treating the young person, who is testing for the first time the same as a person in their forties or fifties who has been tested dozens of times doesn't make sense. This important reform will allow AHF, the largest HIV tester in California, to do three times as many tests per hour as we do now. The unanimous approval of the legislature for this common sense approach to HIV testing is very encouraging." The bill, known as the Sexually Transmitted Diseases and HIV/AIDS Counseling Reform Bill, unanimously cleared both chambers of the Legislature this week--clearing the California Assembly (64-0) earlier today after clearing the Senate in a 36 to 0 vote yesterday.

"This bill brings the requirements for HIV counseling in line with where we are today in our knowledge and understanding of HIV/AIDS and other STDs, and it will allow us to focus our counseling efforts where they are most needed--to those at high risk and those who may test positive," said Joey Terrill, Acting Director of Public Affairs for AIDS Healthcare Foundation, co-sponsor of the bill. "The California Legislature has recognized the importance of this prudent public health legislation with its unanimous passage in both chambers. When this bill is chaptered into law, it will allow the Department of Public Health and the State Office of AIDS far more flexibility in its counseling regulations to best serve and reflect the needs of communities throughout California."

AB 2899 codifies the changes that testing organizations need to conform their practices to current needs and to facilitate the swift introduction of newer counseling models by the Office of AIDS.

About AHF

AIDS Healthcare Foundation (AHF) is the nation's largest non-profit HIV/AIDS healthcare provider. AHF currently provides medical care and/or services to more than 80,000 individuals in 20 countries worldwide in the US, Africa, Latin America/Caribbean and Asia. Additional information is available at [www.aidshealth.org](http://www.aidshealth.org)

SOURCE: AIDS Healthcare Foundation

## **'Feeling' Risk and Seeing Solutions: Predicting Vaccination Intention against**

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## **Hepatitis B Infection among Men Who Have Sex with Men**

Enny Das, John B.F. de Wit, Raymond Vet, and Tom Frijns EHHJ.Das@fsw.vu.nl

Journal of Health Psychology, Sept. 2008; Vol. 13, 6, p. 728-732

This study assessed cognitive and affective predictors of intention to obtain vaccination against the hepatitis B virus (HBV) among men who have sex with men (MSM), based on leading social cognitive models of health behavior. The key predictors of vaccination intention were perceived risk of contracting HBV, expectancies regarding the outcome of vaccination, and the interaction between risk perception and outcome expectancies. Negative affect increased risk perceptions, which, in turn, positively affected vaccination intention. It is concluded that MSM should feel they are at risk for HBV, and see solutions to this risk. <http://hpq.sagepub.com/cgi/content/abstract/13/6/728?etoc>

### **News Release**

For Immediate Release: Aug. 13, 2008

Contact: Steve Baragona  
[sbaragona@idsociety.org](mailto:sbaragona@idsociety.org)  
703-299-0412

## **Extensively Drug-Resistant Tuberculosis Found in California**

In the first statewide study of extensively drug-resistant tuberculosis (XDR TB) in the United States, California officials have identified 18 cases of the dangerous and difficult-to-treat disease between 1993 and 2006, and 77 cases that were one step away from XDR TB. The study appears in the August 15 issue of *Clinical Infectious Diseases*, now available online.

California reports almost 3,000 cases of tuberculosis annually, the largest number of TB cases of any U.S. state. California has also led the nation since 2002 in the number of multidrug-resistant tuberculosis (MDR TB) cases—those that are resistant to isoniazid and rifampin, the two antibiotics that form the backbone of TB treatment. XDR TB is resistant to even more classes of antibiotics, including fluoroquinolones and one of three injectable second-line drugs. The authors of the new study evaluated drug susceptibility data of MDR TB cases identified by the California TB Registry between 1993 and 2006, looking for cases that fit the XDR TB definition.

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Of the 424 MDR TB cases, 4 percent were XDR and 18 percent were pre-XDR, which are one drug away from XDR TB. The proportion of patients with pre-XDR isolates increased from 7 percent in 1993 to 32 percent in 2005. XDR TB occurred due to inadequate treatment of MDR TB, XDR TB transmission within California, and infection of persons with XDR strains prior to U.S. arrival.

Over the course of the study, TB outcomes improved. Deaths declined among XDR TB cases identified after 2000. However, the authors wrote, strategies must be implemented to identify and cure MDR and pre-XDR TB cases before they develop into XDR TB. Modeling studies suggest that unless evolution of MDR into XDR is slowed, XDR cases could increase exponentially. Prevention is more cost-effective than treatment, they noted.

"Globally, XDR TB has resulted from a combination of poor TB control practices, poor adherence to medications, inappropriate use of second-line drugs, lack of laboratory capacity to culture TB or assess drug susceptibility, and high HIV prevalence," said lead author Ritu Banerjee, MD, PhD of the University of California at San Francisco. "In order to prevent an escalation in XDR TB we need to ensure adherence to the cornerstones of TB management, which include directly observed therapy, isolation of infectious cases, and contact investigations. We also need to institute routine, rapid, and standardized methods to assess drug susceptibility of TB isolates," she concluded.

## **Washington Post Examines Treatment of MSM, WSW In Mexico, Latin America, Ability To Access HIV Treatment, Seek Asylum in U.S.**

Access this story and related links online:

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=53901](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=53901)

Asylum applicants, U.S. lawyers and Hispanic advocates say it has become increasingly difficult for men who have sex with men and women who have sex with women from Mexico and other Latin American countries to obtain asylum in the U.S. because of the countries' improved treatment of homosexuality, liberalized laws and expanded HIV/AIDS treatment, according to the Washington Post. Arthur Leonard, a professor at New York Law School, said, "For a time, it seemed like it was a slam-dunk if you were gay, from Mexico and filed for asylum in the United States," adding, "But there's been a turning point. The gay rights movement has started to make progress in Mexico, and it's a little harder to show" that asylum is warranted. Leaders throughout the region who consider asylum as way to access better treatment of people with HIV say

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the "subtle, unofficial shift in immigration policy" has significant public health implications, the Post reports.

Although advocates praise the progress on rights for MSM and WSW in Latin America -- where it has been argued that the culture of "machismo" places them in danger -- they say that it may take decades to reverse "deeply ingrained" attitudes toward homosexuality, which some believe are linked with the spread of HIV in the region, according to the Post. According to the Post, there are no official figures for the number of such cases that have been granted asylum in the U.S. because the Department of Homeland Security does not track asylum cases by categories such as sexual orientation. DHS officials said that there has been no change in policy regarding asylum for MSM and WSW. Jorge Saavedra -- director of Censida, the National Center for the Control of HIV/AIDS in Mexico -- said that MSM in Mexico have been most affected by HIV/AIDS and that homophobia has been the main cause of the epidemic. "People think the homophobia is under control, which is not true," Saavedra said, adding, "Homophobia in Mexico is really high." According to Saavedra, although Mexico has a relatively low overall HIV/AIDS prevalence of 0.3% of the general population, routine medication shortages and discrimination and violence against MSM and WSW still necessitate some HIV-positive people's need for asylum. The Post also reports that stigma and a lack of education have complicated prevention efforts and that some hospital patients and employees are routinely screened for HIV without permission. Martin Martinez Sanchez, who works at a private hospital in Mexico City where this practice takes place, said, "If they test positive, they are not admitted." The story profiles several experiences, including that of Arturo Lopez, an HIV-positive MSM, who has been trying to get asylum into the U.S. (Connolly, Washington Post, 8/12). The article was supported by a Kaiser Family Foundation mini reporting fellowship. From The Advocate August 26, 2008

## Get Out of the Rabbit Hole

**As the Internet continues to suck us into a virtual reality, gay culture in the real world is slipping away.**

Click the byline to view more stories by this author.  
By Christopher Rice

Am I the only gay man on the planet who doesn't believe the Internet will provide a solution to all the problems in the LGBT community?

Most gay bookstores are struggling to stay open, and while our widespread support of them has been lackluster at best, the real culprit behind their demise is turning out to be



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the Web. Online retailers are crushing brick-and-mortar bookstores across the country, without regard for race or sexual orientation. (One of the latest victims is the Lambda Rising bookstore in Baltimore, which closed in May after two decades in business because of slumping sales.)

While most writers and readers I meet are coming to terms with this hard fact, many are also desperate to believe the Internet is somehow going to be a replacement for the actual gay bookstore, like some giant salon where we all commune over our favorite reads. I don't buy it. Gay bookstores are not just retailers. They are the secular temples for a community that is understandably averse to organized religion. They are places where knowledge and spiritual experience are exchanged in an environment that isn't driven primarily by the pursuit of sex. If we abandon them to market forces, we had better replace them with something vital, and currently, there aren't any real alternatives.

Don't get me wrong. I have no problem with the technology. (I have over 400 Facebook friends, only 20 of whom I have actually dined with.) But I have a problem with the incredibly limited way in which most people use the resources they find online. While notorious hookup sites for gay men are often associated with drug-fueled, unsafe sex, the sad reality is that most of their members aren't interested in meeting anyone at all. (Yes, I was once a member of one. My tenure was brief and unsuccessful.) Sure, users of these sites devote hours to taking strategically lit self-portraits, which range from the suggestive to the explicit. But the majority of member profiles contain denunciations of "flakes and time-wasters," suggesting the presence of a large group of men who are all talk and no play. Need proof? Take a look at the amount of time most of these men spend online. They never log off long enough to have sex with anyone. The real thrill for these men is engaging in a form of detached exhibitionism while carrying on prolonged Internet chats with people they'll never meet, men they turn into a fantasy based solely on the superficial attributes each person has listed (and often lied about) in his profile. If you need a more sanitized example of how the majority of people interact online, check out the comments section of your favorite blog, where anonymity allows users to act like school-yard bullies and make absurd and often defamatory statements they wouldn't dare make in the real world. Not even the seemingly most apolitical websites are safe. One of my secret geeky passions is a site devoted to commercial aviation, but I try to steer clear of the discussion board, where a question about a retired model of airplane is likely to devolve into a hissing catfight within four posts. In the same way most gay men who pursue sex online tell themselves they are chatting with the man of their dreams, the outraged folks commenting on blogs convince themselves they are locked in mortal combat with their most difficult parent.

Gay people are "first adopters," a demographic that is usually the first to consume and spread new technologies. As such, we've tended to overvalue the positive aspects of online communities. These are wonderful things when they inspire people to go out into the real world and do actual things-such as come out of the closet or campaign for a favorite candidate. But for the most part, the Internet is taking users down a rabbit hole where their behaviors are defined by a noxious blend of arrogance and self-deception bred by isolation.

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So let's stop shutting down necessary discussions of our ailing societal institutions with the dismissive assertion that the Internet will deliver the solution. It's our contributions that determine what the Web will provide, and at the moment we need to offer better material. In the meantime, if the online gay bookstore is going to be defined by the same hostility and self-delusion that mar most online communities, those of us who love the written word are better off hosting book clubs in our living rooms.

Unlocking HIV Prevention:

## Prison and HIV Meeting 9/25 Oakland

CHAMP's Project UNSHACKLE sponsors  
institute on research, HIV/AIDS, and imprisonment  
Thursday, September 25, 2008, 9:30am to 5pm  
Applied Research Center, 900 Alice Street, Suite #400, Oakland, CA  
Lunch and continental breakfast will be provided.

Dear Allies,

CHAMP is sponsoring a daylong institute about the intersection between HIV and imprisonment.

This FREE institute takes place the day before CR10, Critical Resistance's 10th anniversary conference

It will equip HIV and social justice activists with the tools, skills and information to understand and utilize research findings at the intersection of HIV/AIDS and imprisonment to ensure that research addresses community concerns and experiences.

All community members and advocates are welcome

The institute will:

Explore what the existing research does and doesn't tell us;

Identify research gaps to gauge and help stop the impact of mass imprisonment on communities most vulnerable to HIV/AIDS; and

Discuss ways that community members can advocate for better and more comprehensive research related to HIV and imprisonment.

Space is limited!

Click [here](#) to register for Unlocking HIV Prevention: Using Research as an Advocacy Tool to Confront HIV and Imprisonment. For more information, please contact James Learned.

This institute is a part of CHAMP's Project UNSHACKLE. To learn more about Project UNSHACKLE, and to access presentation slides and notes from our strategy conference on imprisonment and HIV, click [here](#).

Dan Wohlfeiler  
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*Read this and participate as you wish (and wish others would):*

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5. *If you would like to add your colleagues to this list, please send their names. I'll be glad to add them.*
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